

10-14-05

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October 13, 2005



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27572 7590 08/10/2005

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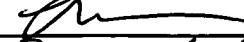
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Linda M. Deschere	(Depositor's name)
	(Signature)
13 October 05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,566	02/13/2004	Werner Schuler	17395-000016	8247

TITLE OF INVENTION: OPTICAL TRANSMITTER AND RECEIVER ARRANGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLLINS, DARRYL J	2873	359-738000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

 1. Harness, Dickey & Pierce  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sick, AG

Waldkirch/Breisgau, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies \_\_\_\_\_ A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 13 October 05

Typed or printed name Linda M. Deschere

Registration No. 34,811

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